

INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL CLAIM FORM

(This form is to be completed by the lender or servicer when requesting an increase in the amount of claim paid.)

I. LOAN INFORMATION:

1. **Social Security #:** Provide the borrower's social security number (Do **not** submit a Supplemental Claim Form without a social security number).
2. **Name (Last, First, MI):** Provide the borrower's last name, first name, and middle initial.
3. **Loan Type:** Provide the loan type submitted on the Claim Form using one of the following codes: SF = Subsidized Stafford, including non-subsidized disbursed prior to 10/92; SU = Unsubsidized Stafford; PL = PLUS; SL = SLS; CL = Consolidation. *Note: Subsidized and unsubsidized Stafford loans that have been combined into one claim should be combined in one supplemental claim.*
4. **Loan ID:** Provide the loan identifier code, file number, guarantee date, or guarantee amount, as required by the guarantor of the loan(s) for which an increase in claim payment is requested.
5. **Int Rate/Type:** Provide the interest rate and type of interest rate submitted on the Claim Form by entering the appropriate code: F = Fixed rate, simple; R = Fixed rate, Rule of 78s; V = Variable rate; A = Adjustable rate (8-10%).

II. CLAIM PAYMENT INFORMATION:

6. **\$ Prin Paid:** Provide the amount of principal paid by the guarantor.
7. **\$ Int Paid:** Provide the amount of interest paid by the guarantor.
8. **# Days Int Paid:** Provide the number of days of interest paid by the guarantor (i.e., calculate the number of days between item 10 and the last date through which the guarantor paid accrued interest).
9. **Claim Pmt Dt:** Provide the date the claim payment was received.
10. **Int-Paid-Through Dt:** Provide the date submitted on the Claim Form through which interest was last paid.

III. REQUESTED SUPPLEMENTAL CLAIM AMOUNT:

11. **\$ Prin Increase:** Provide the amount of principal that was underpaid.
12. **\$ Int Increase:** Provide the amount of interest that was underpaid.
13. **\$ Total Increase:** Provide the total value of the supplemental claim (the sum of item 11 and 12). *Note: This request for claim payment increase must be submitted within 90 days of receiving the claim payment. No supplemental claim may be submitted for an amount less than fifty dollars (\$50.00).*

IV. REASON FOR SUPPLEMENTAL CLAIM REQUEST:

A. Due Diligence Error Incorrectly Cited

14. **DL:** An interest penalty was incorrectly cited for missing letters. *Supporting documentation: Applicable servicing and/or payment history accompanied by an explanation in Section D.*
15. **LD:** An interest penalty was incorrectly cited for a missing final demand letter. *Supporting documentation: Applicable servicing and/or payment history.*
16. **DK:** An interest penalty was incorrectly cited for untimely and/or omitted telephone skip tracing activities. *Supporting documentation: Applicable servicing and/or payment history.*
17. **DA:** An interest penalty was incorrectly cited for an untimely and/or omitted diligent effort to contact the borrower by telephone. *Supporting documentation: Applicable servicing and/or payment history.*
18. **DP:** An interest penalty was incorrectly cited for a missing preclaim request. *Supporting documentation: Copy of a preclaim request acknowledgment or other documentation acceptable to the guarantor (e.g., signed hard-copy list of borrowers from a tape).*
19. **DT:** An interest penalty was incorrectly cited for untimely and/or omitted address skip tracing activities. *Supporting documentation: Applicable servicing and/or payment history.*
20. **DC:** An interest penalty was incorrectly cited for a late preclaim request. *Supporting documentation: Copy of a preclaim request acknowledgment or other documentation acceptable to the guarantor (e.g., a signed hard-copy list of borrowers from a tape).*
21. **DO:** Other due diligence errors were incorrectly cited. *Supporting documentation: Applicable servicing and/or payment history or other loan document accompanied by an explanation in Section D.*

B. Error in Interest Calculation

22. **IM:** The number of days of interest paid was calculated incorrectly by the guarantor. Provide the correct number of days of interest that should have been paid on the claim.
23. **IN:** The return time frame was calculated incorrectly. Provide the date the lender received the returned claim package, and the resubmission date for the return time frame in dispute. Provide supporting documentation.
24. **IP:** An incorrect interest-paid-through date was used to calculate the claim payment amount. Provide the correct interest-paid-through date.

C. Miscellaneous

25. **MF:** Incorrect information was provided on the original Claim Form. *Supporting documentation: Applicable servicing and/or payment history or other loan document accompanied by an explanation in Section D.*
26. **MT:** A timely filing violation is being appealed. *Supporting documentation: Applicable servicing and/or payment history accompanied by an explanation in Section D.*
27. **MO:** Other miscellaneous supplemental request reasons. *Supporting documentation: Applicable servicing and/or payment history or other loan document accompanied by an explanation in Section D.*

V. CERTIFICATION:

28. **Lender ID:** Provide the six-digit Department of Education lender code and, as applicable, the four-digit non-Department of Education suffix of the lender or the current holder.
29. **Servicer ID:** If the account is being serviced, provide the six-digit Department of Education servicer code.
30. **Lender/Servicer Name:** If the account is being serviced, provide the servicer's name; if there is no servicer, provide the lender's name.
31. **Lender/Servicer Address:** If the account is being serviced, provide the servicer's address; if there is no servicer, provide the lender's address.
32. **Prepared By:** Provide the name of the person or unit responsible for answering questions about information provided on this form.
33. **Signature/Date:** Sign and enter the date the Supplemental Claim Form was completed.